

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

23029

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. Jewish Hospital) St. Ward)

File No.
 Registered No. 6472

2. FULL NAME

Josephine Raabe,
 (a) Residence. No. 9411 S. Broadway St. 12 Ward St. Louis County, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX
 4. COLOR OR RACE
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
(late) Julius Raabe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 0 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At home.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland at

PARENTS
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Inbes Raabe
 (Address) 9411 S. Broadway

15. FILED 10 1931 Max C. Stark REGISTRAR
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16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to June 8, 1931, that I last saw him alive on June 8, 1931, and that death occurred, on the date stated above, at 7 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the liver
466 (duration) yrs. mos. ds. several
 CONTRIBUTORY (SECONDARY) 466 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Albert H. Taussig M. D.
June 10, 1931 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Missouri Crematory June 11, 1931
 20. UNDERTAKER ADDRESS 6320 S. Grand.
Southern

Every item of information furnished to this Bureau is very important. Exact statement of OCCUPATION is very important. Cause of DEATH in plain terms, so that it may be properly classified. How should be stated exactly. PHYSICIANS should state

